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ABSTRACT

Current research on eating disorders places considerable emphasis upon cognitive components of those disorders. The possibility of a specific eating disorder attributional style is suggested by attributional analyses of clinical depression. This study was conducted to examine attributional style and eating disorders among 55 college women who completed the Eating Disorder Inventory (EDI) and a newly-created Eating Disorder Attribution Style Scale (EDASS) which assessed attributions to interpersonal and noninterpersonal success and failure scenarios on four attribution dimensions: locus of control, controllability, globality, and intensity. Results of a Pearson-product correlational analysis showed some relationship between attribution ratings on the EDASS and scores on the EDI, supporting a possible connection between eating disorders and a distinct attributional style. Furthermore, it appears that success and failure, rather than interpersonal and noninterpersonal situations, account for the differences in attributional ratings on the EDASS. Results are interpreted with caution because of the lack of a true clinical sample of eating-disordered women. References are included. (Author/NB)

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Attribution and Eating Disorders: An Investigation of the Attribution Styles of College Women

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Abstract

Attributional style and eating disorders were compared between 55 college women. Subjects completed the Eating Disorder Inventory (EDI) and a created Eating Disorder Attribution Style Scale (EDASS), which assessed attributions to interpersonal and noninterpersonal success and failure scenarios on four attribution dimensions: locus of control, controllability, globality, and intensity. Results of a Pearson-product correlational analysis showed some relationship between attribution ratings on the EDASS and scores on the EDI, supporting a possible connection between eating disorders and a distinct attributional style. Furthermore, it appears that success and failure, rather than interpersonal and noninterpersonal situations account for the differences in attributional ratings on the EDASS. Results are interpreted with caution because of the lack of a true clinical sample of eating-disordered women.

Current research on eating disorders places considerable emphasis upon the cognitive components of these disorders. Most work has focused upon distorted perceptions of body image (Buree, 1984; Garfinkel, Moldofsky, Garner, Stancer, & Coscina, 1978; Kalliopuska, 1982; Touyz, Beumont, Collins, McCabe, & Jupp, 1984), suggesting that, compared to normals, women with eating disorders display marked differences in their body perceptions. Moreover, McCanne (1985) noted general cognitive styles and personality characteristics of eating disordered women that interfere with their ability to function adaptively in society. Despite the prevailing cognitive emphasis little attempt has been made to explain adequately the dynamics involved.

One possibility, postulated by Schlesier-Stropp (1984), is that bulimics may display an overresponsiveness to external cues. Similarly, it could be hypothesized that anorexics display an overresponsiveness to internal cues. Both suggestions imply that locus of control may account for part of the maladaptive behaviors of eating-disordered women. Other attempts have been made to examine locus of

control (Hood, Moore, & Garner, 1982; McCanne, 1985). Their findings, that locus of control was significantly different between eating-disordered subgroups and normals, indicates that eating-disordered women may display a distinctive cognitive style that extends beyond distorted perceptions of body image. This potential influence of control suggests that an attributional framework may provide further clarification of the cognitive styles implicated in the onset and maintenance of eating disorders.

The possibility of a specific eating-disorder attributional style is also suggested by attributional analyses of clinical depression (Abramson, Seligman, & Teasdale, 1978; Anderson, & Arnoult, 1985). The present study was a first step in the direction of bringing eating disorders within an attributional style framework. Subjects were asked to complete the Eating Disorder Inventory (Garner & Olmstead, 1984) and an Eating Disorder Attribution Style Scale (EDASS) developed for this research.

It was hypothesized that attribution styles would differ significantly between subjects showing a predisposition toward eating disorders (as measured by

the EDI) and those that did not. Specifically, it was hypothesized that eating-disordered women, when compared to normals, would rate their attributions as more internal, global, and with greater predicted intensity for both interpersonal and non-interpersonal success and failure situations, rating them as beyond their immediate control. As this suggests, attributional style was postulated to be a relatively enduring and stable cognitive mechanism, unaffected by the type of situation. Lastly, attributional style was hypothesized to be a significant predictor of eating disorders. If elements of the EDASS do prove related to eating disorder behavior, it will prompt more serious consideration of the role attributional style might play in eating disorders.

Method

Subjects

The subjects were 55 undergraduate college women. Subjects were randomly selected from the student population and were paid 2 dollars for their participation. Of the total of 157 women contacted, 79 (50%) agreed to participate, whereas 78 declined participation. A significant number of the subjects

from the original sample failed to honor their agreement to participate in the study.

Materials

The development of the EDASS was analogous to the framework used by Anderson and Arnoult (1985) in their formation of the Attribution Style Assessment Test-1, which measured the attributional styles of lonely, depressed, and shy people. The EDASS measured subject's attributional style along four dimensions: locus of control (LC), controllability (CTRL), globality (GL), and intensity (INT), (i.e. the degree to which the cause was expected to be present at the same magnitude for each situation). Attributions along these dimensions were measured using a 7-point semantic differential scale. The EDASS included 28 scenarios. Twenty of the scenarios were created to reflect characteristics that are known to differentiate eating-disordered women from normals (e.g., drive for thinness). These scenarios were equally divided into four categories based on their content: interpersonal success and failure, and non-interpersonal success and failure. The categories were inclusive of a broad range of situations, salient to both eating-disordered

women and normals. Furthermore, an attempt was made to differentiate a pervasive attributional style from one that was situation-specific. Additional scenarios were incorporated within the non-interpersonal success and failure categories as potential sources of convergent validity. These scenarios were created based on characteristics shown not to differentiate eating-disordered women from normals. The order in which the scenarios were presented was completely randomized. A confidence scale was included to assess the utility of all the developed scenarios.

Raw scores on the EDASS were collapsed within each interpersonal and noninterpersonal success and failure category for each attributional dimension.

The Eating Disorder Inventory (EDI) was also used in this research. For nonclinical populations the EDI can be used as a screening instrument to identify individuals who are most likely to be weight preoccupied, or predisposed to eating disorders (Garner & Olmstead, 1984). Thus, the EDI was used for these purposes. Scoring of the EDI was in accordance with the procedures outlined in the EDI manual.

Procedure

Subjects were group administered the EDI followed by the EDASS. Subjects were told that the two scales were designed to measure personal experiences and general attitudes, and that the specific purpose of each of the scales was contained in the written instructions.

Results

A Pearson-Product correlational analysis was performed between the subscales of the EDI and the attributional dimensions of the EDASS. Results of the correlation analyses were significant between subscales of the EDI and the attributional dimensions within the interpersonal and non-interpersonal success and failure categories.

Within the interpersonal success category INT correlated with the maturity fears subscale of the EDI, $r = -.37$, $p < .01$. Furthermore, GL was found to be related to the maturity fears subscale, $r = -.26$, $p < .02$. Lastly, GI was found to be significantly correlated with the body dissatisfaction subscale, $r = -.30$, $p < .05$, (see Table 1).

Table 1

Intercorrelations Between the EDI and the EDASS for Interpersonal Success Scenarios

	Interpersonal Success			
EDI	Locus	Control	Globality	Intensity
DT	-.18	-.03	-.11	-.14
B	-.19	.17	-.08	-.13
BD	-.23	-.02	-.30**	-.15
I	.01	.16	-.16	-.14
P	-.14	.07	.01	.22
ID	-.02	.24	-.09	.01
IA	-.07	.21	-.01	--
MF	.21	.08	-.26**	-.37*

Note. *p <.01 **p < .02 ***p <.05

Within the interpersonal failure category significant correlations were found: GI with the ineffectiveness subscale of the EDI, $r = .26$, $p < .05$. Additionally, INT was found to be significantly related to the ineffectiveness subscale, $r = .27$, $p < .05$, (see Table 2).

Table 2

Intercorrelations Between the EDI and the EDASS for Interpersonal Failure

	Interpersonal Failure			
EDI	Locus	Control	Globality	Intensity
DT	.01	-.04	.08	-.02
B	.11	.06	.21	.20
BD	-.02	-.03	.01	-.02
I	.15	.06	.26*	.27*
P	-.23	-.15	-.12	-.09
ID	-.20	-.21	.11	.11
IA	-.07	-.07	.13	.06
MF	-.06	-.01	.19	.20

Note. *p < .05

Correlations calculated between attributional dimensions of the non-interpersonal success scenarios and the EDI yielded the following: LC with maturity fears, $r = .32$, $p < .02$, and CTRL with interoceptive awareness, $r = .24$, $p < .24$, (see Table 3).

Table 3

Intercorrelations Between the EDI and the EDASS for Noninterpersonal Success

	Noninterpersonal Success			
EDI	Locus	Control	Globality	Intensity
DT	.06	.13	.09	.13
B	.08	.22	.22	.09
BD	.11	.20	--	-.01
I	.21	.26	.17	.08
P	.05	.20	.13	.07
ID	.16	.17	.10	-.06
IA	.16	.24••	.20	.04
MF	.32•	.20	.14	.14

Note. •p < .02 ••p <.05

Non-interpersonal attributions for failure, when correlated with scores on the EDI showed the following: INT with ineffectiveness (I), $r = .25$, $p < .001$; GL with bulimia (B), $r = .47$, $p < .001$, and with ineffectiveness, $r = .30$, $p < .02$; INT with perfectionism (P), $r = -.32$, $p < .02$; and, LC with perfectionism, $r = -.27$, $p < .05$, (see Table 4).

Table 4
Intercorrelations Between the EDI and the EDASS for Noninterpersonal Failure

	Noninterpersonal Failure			
EDI	Locus	Control	Globality	Intensity
DT	.20	-.01	.15	.09
B	.09	-.03	.47•	.31
BD	.23	.05	.25	.09
I	.04	-.10	.30••	.25•
P	-.27•••	-.23	-.19	-.32••
ID	-.17	-.15	.09	.01
IA	-.08	-.18	.05	-.01
MF	--	.01	-.14	-.19

Note. •p < .001 ••p <.02 •••p < .05

Results of a simple linear regression analyses using all attribution dimensions combined as predictors of scores on the EDI were nonsignificant at $p < .001$.

Intercorrelations between the subscales of the EDI are presented in Table 5.

Table 5
Intercorrelations Between Subscales on the EDI

Subscales	B	BD	I	P	ID	IA	MF
DT	.50*	.64*	.29	.35**	-.09	.31	.04
B	--	.62*	.69*	.28	.36**	.58*	.03
BD		--	.46*	.19	.13	.26	-.01
I			--	.25	.51*	.49*	.23
P				--	.35**	.63*	.33***
ID					--	.60*	.37**
IA						--	.27
MF							--

Note. *p < .001 **p < .01 ***p < .02

Furthermore, intercorrelations were calculated between the attributional scales within the interpersonal and noninterpersonal success and failure scenarios (see Table 6 and 7). Results of this analysis were significant at $p < .001$.

Table 6

Intercorrelations on the EDASS Between the Attributional Ratings for Success

Interpersonal/	Control	Globality	Intensity
Locus	.55*	.40**	.37
Control	--	.30	.16
Globality		--	.71*
Intensity			--

Noninterpersonal/	Control	Globality	Intensity
Locus	.75*	.20	.06
Control	--	.12	.09
Globality		--	.80*
Intensity			--

Note. *p < .001 **p < .01

Table 7

Intercorrelations on the EDASS Between the Attributional Ratings for Failure

Interpersonal/	Control	Globality	Intensity
Locus	.76*	.40**	.37
Control	--	.49*	.42**
Globality		--	.88*
Intensity			--

Noninterpersonal/	Control	Globality	Intensity
Locus	.58*	.29	.26
Control	--	.42**	.28
Globality		--	.65
Intensity			--

Note. *p < .001 **p < .01

Discussion

Results of the correlational analyses indicate a significant relationship between attributional style and scores on the EDI, supporting a connection between attribution styles and eating disorders.

For interpersonal success it appears that greater scores on the maturity fears subscale seem to be related to an overgeneralized attribution regarding the intensity (i.e., magnitude) of the situation. This finding would seem to fit with the notion that greater maturity fears are often a symptom that is associated with eating disorders, suggesting that these women posses a maturational handicap, and realistic concept of the variability involved in interpersonal situations. Furthermore, greater body dissatisfaction appears to be related to global, rather than situation specific, attributions for interpersonal success situations. This relationship would seem to imply that body dissatisfaction, in general, may be enhanced in interpersonal situations, where others serve to make salient one's appearance.

Ratings on I-E locus of control were positively related to greater scores on the maturity fears

subscale of the EDI, suggesting that these fears of growing up (keeping in line with the EDI manual interpretation of scores on this scale) may somehow relate to an attributional pattern exhibiting a lack of control over these situations.

For noninterpersonal failure situations a significant relationship between the bulimia subscale of the EDI and globality was found. This relationship would seem to make sense, when considering that failure for these women does seem to play a role in the cyclic nature of their binge-purge pattern of behavior. Interestingly, I-E locus and controllabilty were not significantly related to the bulimia subscale across all scenario types.

There is some reason to believe that the salience of success and failure, rather than the interpersonal and noninterpersonal distinction, are more important determinants within this attributional paradigm.

Collectively the attributional dimensions did not appear to be highly significant predictors of subscale scores on the EDI. Some explanations for the modest significance of the results are offered.

The distribution of scores on the EDI was negatively skewed, with the bulk of scores falling below the norms for college women with eating disorders (EDI manual, 1984). This limiting factor suggests one explanation for the small correlations and the non-significant regression coefficients. The truncated range of scores on the EDI made significant results difficult. Furthermore, the small sample size further suppressed any possibility of highly significant results. However, a small relationship was found, supporting the salience of an attributional approach to eating disorders.

If a distinct attributional style is manifest in eating-disordered women, then it may explain many of the complications and difficulties that these women face in coping with daily living, their reluctance to acknowledge their disorders, and the difficulties encountered in treatment. Cognitive therapeutic treatments should consider the attributional components involved in the maintenance of these disorders. Lastly, a larger sample size, use of a clinical population of eating-disordered women and men, and further refinement of the EDASS are some of the suggestions that are

offered for improvement and continued research into eating disorders using an attributional framework.

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